HOUSE SUBSTITUTE

FOR

SENATE SUBSTITUTE

FOR

SENATE SUBSTITUTE

FOR

SENATE COMMITTEE SUBSTITUTE

FOR

SENATE BILL NO. 280

1 AN ACT

5

7

10

11

12

13

14

15

16

- 2 To repeal sections 191.227, 538.210, and
- 3 538.225, RSMo, and to enact in lieu thereof
- 4 four new sections relating to tort reform.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI, AS FOLLOWS:

Section A. Sections 191.227, 538.210, and 538.225, RSMo, are repealed and four new sections enacted in lieu thereof, to be known as sections 191.227, 538.210, 538.225, and 538.226, to read as follows:

191.227. 1. All physicians, chiropractors, hospitals, dentists, and other duly licensed practitioners in this state, herein called "providers", shall, upon written request of a patient, or guardian or legally authorized representative of a patient, furnish a copy of his record of that patient's health history and treatment rendered to the person submitting a written

1

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in boldface type in the above law is proposed language.

request, except that such right shall be limited to access consistent with the patient's condition and sound therapeutic treatment as determined by the provider. If the patient is deceased, persons described in subdivisions (2), (3), (4), (5), (6), and (7) of subsection 2 of section 194.220, RSMo, shall be authorized to consent to the release of medical records pursuant to this section. Beginning August 28, 1994, such record shall be furnished within a reasonable time of the receipt of the request therefor and upon payment of a handling fee of fifteen dollars plus a fee of thirty-five cents per page for copies of documents made on a standard photocopy machine.

2.

- 2. Notwithstanding provisions of this section to the contrary, providers may charge for the reasonable cost of all duplications of medical record material or information which cannot routinely be copied or duplicated on a standard commercial photocopy machine.
- 3. The transfer of the patient's record done in good faith shall not render the provider liable to the patient or any other person for any consequences which resulted or may result from disclosure of the patient's record as required by this section.
- 4. Effective February first of each year, the handling fee and per-page fee listed in subsection 1 of this section shall be increased or decreased annually based on the annual percentage change in the unadjusted, U.S. city average, annual average inflation rate of the medical care component of the Consumer

Price Index for All Urban Consumers (CPI-U). The current reference base of the index, as published by the Bureau of Labor Statistics of the United States Department of Labor, shall be used as the reference base. For purposes of this subsection, the annual average inflation rate shall be based on a twelve-month calendar year beginning in January and ending in December of each preceding calendar year. The department of health and senior services shall report the annual adjustment and the adjusted handling and per-page fees on the department's Internet website by February first of each year.

2.

538.210. 1. In any action against a health care provider for damages for personal injury or death arising out of the rendering of or the failure to render health care services, no plaintiff shall recover more than [three] four hundred fifty thousand dollars [per occurrence] for noneconomic damages from any one defendant as defendant is defined in subsection 2 of this section.

- 2. "Defendant" for purposes of sections 538.205 to 538.230 shall be defined as:
- (1) A hospital as defined in chapter 197, RSMo, and its employees and physician employees who are insured under the hospital's professional liability insurance policy or the hospital's self-insurance maintained for professional liability purposes;
  - (2) A physician, including his nonphysician employees who

are insured under the physician's professional liability insurance or under the physician's self-insurance maintained for professional liability purposes;

2.

- (3) Any other health care provider having the legal capacity to sue and be sued and who is not included in subdivisions (1) and (2) of this subsection, including employees of any health care providers who are insured under the health care provider's professional liability insurance policy or self-insurance maintained for professional liability purposes;
- (4) No hospital shall be liable to any plaintiff based on the action or omissions of any physicians or any physician who is not an employee of that hospital, regardless of the existence of any facts or circumstances which may support a finding that the physician is an agent of the hospital provided that the physician is insured for the claim asserted.
- 3. In any action against a health care provider for damages for personal injury or death arising out of the rendering of or the failure to render health care services, where the trier of fact is a jury, such jury shall not be instructed by the court with respect to the limitation on an award of noneconomic damages, nor shall counsel for any party or any person providing testimony during such proceeding in any way inform the jury or potential jurors of such limitation.
- 4. <u>Effective January 1, 2008</u>, the limitation on awards for noneconomic damages provided for in this section shall be

increased or decreased on an annual basis effective January first of each year in accordance with the Implicit Price Deflator for Personal Consumption Expenditures as published by the Bureau of Economic Analysis of the United States Department of Commerce. The current value of the limitation shall be calculated by the director of the department of insurance, who shall furnish that value to the secretary of state, who shall publish such value in the Missouri Register as soon after each January first as practicable, but it shall otherwise be exempt from the provisions of section 536.021, RSMo.

2.

5. Any provision of law or court rule to the contrary notwithstanding, an award of punitive damages against a health care provider governed by the provisions of sections 538.205 to 538.230 shall be made only upon a showing by a plaintiff that the health care provider demonstrated willful, wanton or malicious misconduct with respect to his actions which are found to have injured or caused or contributed to cause the damages claimed in the petition.

538.225. 1. In any action against a health care provider for damages for personal injury or death on account of the rendering of or failure to render health care services, the plaintiff or [his] the plaintiff's attorney shall file an affidavit with the court stating that he or she has obtained the written opinion of a legally qualified health care provider which states that the defendant health care provider failed to use such

care as a reasonably prudent and careful health care provider would have under similar circumstances and that such failure to use such reasonable care directly caused or directly contributed to cause the damages claimed in the petition.

2.

- 2. The health care provider who offers such opinion shall have education, training, and experience in a like area of expertise as the defendant health care provider. The affidavit shall state the qualifications of such health care providers to offer such opinion.
- 3. A separate affidavit shall be filed for each defendant named in the petition.
- 4. Such affidavit shall be filed no later than ninety days after the filing of the petition unless the court, for good cause shown, orders that such time be extended.
- 5. If the plaintiff or his attorney fails to file such affidavit the court [may] shall, upon motion of any party, dismiss the action against such moving party without prejudice.
- 538.226. 1. The portion of statements, writings, or benevolent gestures expressing sympathy or a general sense of benevolence relating to the pain, suffering, or death of a person shall be inadmissible as evidence of an admission of liability in a civil action. A statement of fault, however, which is a part of, or in addition to, any of the above shall not be inadmissible pursuant to this section.
  - 2. As used in this section "benevolent gestures" means

- 1 actions which convey a sense of compassion or commiseration
- 2 <u>emanating from humane impulses.</u>